

HOPWA

Monthly Reimbursement Request Guide



City of Atlanta

July 10, 2020

CITY OF ATLANTA
HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

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Introduction

This HOPWA Monthly Reimbursement Request Guide has been developed to assist Project Sponsors in properly documenting HOPWA-related expenditures. This guide should be utilized as a reference document to assist Project Sponsors in preparing monthly reimbursement requests to be submitted electronically via grantpayments@atlantaga.gov by the 15th business day of each month.

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Supporting Documentation Requirements

The following lists contain the required documents that must be submitted to support various HOPWA-related expenditures. Please note that these lists are not all-inclusive. Project Sponsors are responsible for ensuring that sufficient documentation is submitted to justify each HOPWA-related expenditure. At a minimum, all HOPWA Monthly Reimbursement Request must contain the following supporting documents:

- HOPWA 1 Form
- HOPWA Reimbursement Request Form
- Copies of Invoices for services rendered and/or goods purchased;
- Cancelled Checks;
- Bank Statement(s);
- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets): Signed and Dated by the Employee and Supervisor;
- General Ledger Reports for all transactions (payroll, invoice payments, etc.); and
- HOPWA Payment Register.

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register.

The following pages contain the required forms and examples of various supporting documentation that should be included with your monthly reimbursement requests. Please ensure that all required supporting documentation is included in each submission to ensure a smooth review process. **In addition, please ensure that all client personal identification is removed from all documents or the submission will be returned for redaction of client information.** To ensure that your agency is in compliance with HOPWA confidentiality requirements, please utilize a unique identifier, HMIS ID or unit address for all clients, when documenting information for financial purposes.

In addition, please note that REGARDLESS of the type of service provided, i.e. supportive services, rental assistance, utility assistance, meals, furniture, etc., ALL reimbursement requests must be supported by the above referenced documents. HOPWA is a cost reimbursement contract; therefore, all expenditures must be documented via time and effort reports for all staff salaries, invoices for materials and goods, invoices for contracted services, payroll reports, general ledger reports, cancelled checks, and bank statements. Reimbursement requests MAY NOT solely contain a list of clients served and a unit of service cost total. A unit of service cost is the basis for which the amount of requested funds were

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determined; however, all reimbursement requests **MUST BE SUPPORTED** by actual expenditures incurred to provide the service as stated above.

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HOPWA 1 Form

The HOPWA 1 Form should be the first page of your reimbursement request. This form should be filled out with the requested agency and project information as provided in your HOPWA Contract. Please note, that this form can be revised to match the IDIS Activities that were approved in your HOPWA Contract.

CITY OF ATLANTA DISBURSMENT REQUEST (HOPWA 1)					
Project Name		Oracle Project # / Task #			
IDIS Project No		Award #			
Contract Period		IDIS Plan Year			
For Period from		Contract Amount			
Report No		Contractor			
IDIS Activity #	A	B	C	D	E
	Line Items by HOPWA Activity	Reimbursable Expenses This Report	Cumulative Expenditures Prior Report	Total Expenditures to Date	Budget Allocation
	A Facility Based Housing:				
I	Facility Rental / Lease				
II	Facility Utilities				
III	Facility Insurance Bonding				
IV	Facility Contractual Services				
V	Facility Materials/Supplies				
VI	Facility Other Costs				
4375	Facility-based Housing Subtotal				
	B Support Services:				
I	Support Svc Staff Salaries				
II	Support Svc Staff Fringes				
III	Support Svc Transportation				
IV	Support Svc Communications				
V	Support Svc Rental Lease				
VI	Support Svc Equipment Purchase				
VII	Support Svc Materials/Supplies				
VIII	Support Svc Other Direct Costs				
4376	Support Services Subtotal				
	C Administration:				
I	Administration Staff Salaries				
II	Administration Staff Fringes				
III	Contracted Admin Services				
IV	Other Administrative Costs				
4378	Administration Subtotal				
	D Resource ID:				
I	Resource ID Staff Salaries				
II	Resource ID Staff Fringes				
III	Res ID - Strategic Implementation				
4377	Resource ID Subtotal				
	PROJECT GRAND TOTAL				

Certification by Board Authorized Representative

(must be signed by a representative specifically authorized by organization's Board of Directors)

By my signature below, I certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) The cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) The portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons," as defined under the terms of the HOPWA Agreement; 4) The organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently outlined by the COA; 5) The organization is in full compliance with all of our obligations and responsibilities under the HOPWA Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Contract Agreement, and 6) the

Total Costs To Date (Total Column B-C)	\$0.00	Contractor Signature: _____	
Less Total Privately Paid or Reported (Col C)	\$0.00	Title: _____	
Total This Report Payable	\$0.00	Date: _____	

Approval Office Reviewer:	Date:
Commissioner/Director:	Date:
Grant Accounting:	Date:

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HOPWA Reimbursement Request Form

The HOPWA Reimbursement Request Form should be submitted as the second page of your reimbursement request. Please ensure that the form is filled out in accordance with the instructions below:

- Provide a detailed description of each expenditure for which reimbursement is being requested. The listed expenditures should match those included on the HOPWA 1 Form.
- Provide supporting documentation for all items referenced.
- If you have more than 12-line items for which reimbursements are being requested, please continue the request on a new form with the same report number followed by "-1,-2,-,3, etc." to denote the continuation of the report.

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Required Supporting Documentation

Immediately following the HOPWA Reimbursement Form, the following types of documents should be submitted to support all expenditures for which reimbursement is requested. The following examples are not an all-inclusive list, but examples of documents required for the type of expenditures shown. Furthermore, these documents are being provided to demonstrate the level of support that is required in order for your reimbursement request to be approved for payment processing.

As previously mentioned, at a minimum, all HOPWA Monthly Reimbursement Request must contain the following supporting documents:

- HOPWA 1 Form
- HOPWA Reimbursement Request Form
- Copies of Invoices for services rendered and goods purchased;
- Cancelled Checks;
- Bank Statement(s);
- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets): Signed and Dated by the Employee and Supervisor;
- General Ledger Reports for all transactions (payroll, invoice payments, etc.); and
- HOPWA Payment Register.

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register.

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Payroll Expenditures Supporting Documents

For all payroll expenditures, the following supporting documents must be submitted to demonstrate the expenditures were incurred during the applicable month:

- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets and Time Allocation Reports): Signed and Dated by the Employee and Supervisor; and
- General Ledger Reports for all payroll transactions.

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Sample Payroll Register

Client: 5003														DEMO COMPANY INC														Page: 10/30/14																											
Name: DEMO CONSULTING INC														Period: 08/22/12 to: 08/28/12														Run Date: 10/30/14																											
Pay Date: 08/30/12														Payroll No: 1														Ref#: 2														Run Time: 09:46 a													
Pay Freq: W														Payroll No: 1														Ref#: 2														Pgm Name: PR_REG													
Employee Name Order:																																																							
Empl No	Div No	Employee	SS No	Dept	Item No	Check Number	Hours	Gross Wages	Total Taxes	Total Deduct	Net Pay	Direct Deposit	Check Amount																																										
18 0 ABRXXX, STXXXX J														114-27-9999 ESTIMING														1 1775 40.0000 2,500.00 688.90 0.00 1,811.10 0.00 1,811.10																											
Earnings		Hours/Units		Rate		Amount		YTD		Deductions & Taxes		EE Amount		EE YTD		ER Amount		ER YTD		Return Amt																																			
2 SALARY		40.0000				2,500.00		2,500.00		FEDERAL W/H		396.83		396.83		105.00		105.00																																					
Totals		40.0000				2,500.00		2,500.00		FICA W/H		105.00		105.00		36.25		36.25																																					
										MEDC W/H		36.25		36.25		150.82		150.82																																					
										State W/H		688.90		688.90																																									
										Total Taxes																																													
1970 0 ABRXXX, STXXXX														061-68-9999 LO#608JM														1 1776 42.0000 2,398.06 773.82 298.20 1,326.04 0.00 1,326.04																											
Earnings		Hours/Units		Rate		Amount		YTD		Deductions & Taxes		EE Amount		EE YTD		ER Amount		ER YTD		Return Amt																																			
1 HOURLY		35.0000		53.2500		1,863.75		1,863.75		FEDERAL W/H		493.20		493.20		100.72		100.72																																					
3 OV TIME		7.0000		76.3301		534.31		534.31		FICA W/H		100.72		100.72		34.77		34.77																																					
Totals		42.0000				2,398.06		2,398.06		MEDC W/H		145.13		145.13		773.82		773.82																																					
										State W/H		298.20		298.20		298.20		298.20																																					
										Total Taxes																																													
										110 VAC.		298.20		298.20		298.20		298.20																																					
										Total Deductions																																													
100 0 ALAXXX, VINXXX														117-74-9999 LO#926JM														1 1777 32.0000 1,796.32 587.09 227.20 982.03 0.00 982.03																											
Earnings		Hours/Units		Rate		Amount		YTD		Deductions & Taxes		EE Amount		EE YTD		ER Amount		ER YTD		Return Amt																																			
1 HOURLY		28.0000		53.2500		1,491.00		1,491.00		FEDERAL W/H		325.86		325.86		75.45		75.45																																					
3 OV TIME		4.0000		76.3301		305.32		305.32		FICA W/H		26.05		26.05		99.01		99.01																																					
Totals		32.0000				1,796.32		1,796.32		MEDC W/H		526.37		526.37		227.20		227.20																																					
										State W/H		227.20		227.20		60.72		60.72																																					
										Total Taxes																																													
										110 VAC.		227.20		227.20		227.20		227.20																																					
										95 NYNYCR		287.92		287.92		287.92		287.92																																					
										Total Deductions																																													
1650 0 ABRXXX, DAXXXX														069-96-9999 LO# 3JM														1 1778 40.0000 2,256.75 654.02 22.57 1,580.16 0.00 1,580.16																											
Earnings		Hours/Units		Rate		Amount		YTD		Deductions & Taxes		EE Amount		EE YTD		ER Amount		ER YTD		Return Amt																																			
3 OV TIME		5.0000		76.5000		382.50		382.50		FEDERAL W/H		317.75		317.75		94.78		94.78																																					
89 SHIFT-TIME		35.0000		53.5500		1,874.25		1,874.25		FICA W/H		32.72		32.72		130.40		130.40																																					
Totals		40.0000				2,256.75		2,256.75		MEDC W/H		575.65		575.65		22.57		22.57																																					
										State W/H		22.57		22.57		78.37		78.37																																					
										Total Taxes																																													
										112 LO #3 DUES		100.94		100.94		100.94		100.94																																					
										95 NYNYCR																																													
										Total Deductions																																													
39 0 BOXXXX, CHXXXX														104-60-9999 OFFICE														1 1779 40.0000 1,250.00 219.53 300.00 730.47 0.00 730.47																											
Earnings		Hours/Units		Rate		Amount		YTD		Deductions & Taxes		EE Amount		EE YTD		ER Amount		ER YTD		Return Amt																																			
2 SALARY		40.0000				1,250.00		1,250.00		FEDERAL W/H		102.40		102.40																																									

Sample Time Sheet and Time Allocation Report

AGENCY NAME
HOPWA
TIME ALLOCATION SHEET

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Pay Period:[illegible]

Certification Statement: By signing this activity report, I declare to the best of my knowledge and belief that the activity report is true, complete, and accurate and that the information and data contained herein are true and correct. I am aware that any false, fraudulent, or misleading information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, or other crimes or offenses. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729(a)(1)-(2) and 3801-3812(a)).

Employee Signature: _____ Date: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

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AGENCY NAME

HOPWA

TIME ACTIVITY REPORT

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Pay Period: _____

HOPWA CATEGORY	Activity/Work Performed	DATE											
		16	17	18	19	20	21	22	23	24	25	26	27
TBR4													
STRMU													
FB													
PPP													
\$S													
ADM													
		0	0	0	0	0	0	0	0	0	0	0	0

Certification Statement: By signing this activity report, I certify to the best of my knowledge and belief that the activity report is true, complete, and accurate and the time and activities reported are for the purpose and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictitious, or misleading information or transmission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or schemes, (42 USC 1915 and 1915a, 31 USC 3801 and 3802, 38 USC 5952).

Employee Signature: _____ Date: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

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AGENCY NAME
HOPWA

TIME ALLOCATION SHEET

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Pay Period: _____

DAY	DATE	HOPWA GRANT						TOTAL HOURS
		TERRA	STRMU	FB	PHP	SS	ADM	Vacation/Holiday/Oth or
MON								0
TUES								0
WED								0
THU								0
FR								0
SAT								0
SUN								0
MON								0
TUES								0
WED								0
THU								0
FR								0
SAT								0
SUN								0
MON								0
TUES								0
WED								0
THU								0
FR								0
SAT								0
SUN								0
MON		0	0	0	0	0	0	0
TUES								
WED								
THU								
FR								
SAT								
SUN								

Certification Statement: By signing this time allocation report, I certify to the best of my knowledge and belief that the time allocation report is true, complete, and accurate and the information is correct and complete. I understand that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 8729-3730 and 3501-3512.)

Employee Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

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Sample General Ledger Payroll Report

3:01 PM 12/15/07		Rock Castle Construction Payroll Item Detail October through December 2007				
Item	Date	Source Name	Payroll Item	Type	Wage Base	Amount
Salary						
	10/06/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	10/20/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	11/03/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	11/17/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	12/01/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	12/15/2007	Dan T. Miller	Salary	Paycheck	0.00	1,596.15
Total Salary					0.00	9,576.90
Overtime Rate						
	10/06/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	10/06/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	10/20/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	44.26
	10/20/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	51.76
	11/03/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	11/03/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	11/17/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	66.39
	11/17/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	77.64
	12/01/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	12/01/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	12/15/2007	Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	12/15/2007	Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
Total Overtime Rate					0.00	240.05
Regular Pay						
	10/06/2007	Elizabeth N. Mason	Regular Pay	Paycheck	0.00	1,180.00
	10/06/2007	Gregg O. Schneider	Regular Pay	Paycheck	0.00	1,380.00

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General Operating and Program Expenditures Supporting Documentation

For all general operating and program expenditures, the following supporting documents must be submitted to demonstrate the expenditures were incurred during the applicable month:

- Copies of Invoices for services rendered;
- Cancelled Checks;
- Bank Statement(s);
- General Ledger Reports for all transactions; and
- HOPWA Payment Register (please follow instructions stated with in form).

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register (please follow instructions stated with in form).

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Sample Rental Assistance Supporting Documents

Rental Assistance supporting documentation should consist of:

1. A receipt from the property management company or landlord acknowledging receipt of the payment and the total amount received. The receipt should include the property address, date payment was received, and the month(s) for which payment was made.
2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

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Sample Rental Assistance Receipt



Rent Receipt

Date: _____

Received from: _____

the Sum of: _____ Dollars \$ _____

as rent for the month of _____

for the rental property located at: _____

Landlord: _____

Signature: _____

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Sample Cancelled Check



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Sample Security Deposit and/Security Deposit and First Month's Rent Supporting Documents

Security Deposit supporting documentation should consist of:

1. A receipt from the property management company or landlord acknowledging receipt of the payment and the total amount received. The receipt should include the property address, date payment was received, and anticipated date of move-in.
2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

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Sample Security Deposit Receipt

Receipt for Security Deposit

This receipt establishes that _____ ,
Landlord (or _____ , acting as an authorized
agent for _____ , Landlord),
has received from _____ , Tenant,
a security deposit in the amount of _____ on _____ (date).
This deposit secures Tenant's legal obligations with respect to Tenant's renting the property at _____

_____ .

Landlord's or landlord's agent signature

Date

Print title (owner or manager)

Print name

Phone

Email

Tenant's signature

Date

Print name

Phone

Email

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Sample Security Deposit and First Month's Rent Receipt

Mount Pleasant Property Management, LLC.



1985 Riviera Drive, Suite 103-10
Mount Pleasant, SC 29464
Phone: 843-530-4919
Fax: 866-782-6301

Security Deposit and First Month Rent Receipt

Date: _____

Resident/Tenant: _____

Street Address: _____

City _____ State: _____ Zip: _____

Security Deposit: \$ _____

First Month Rent: \$ _____

Key Deposit: \$ _____

Non Refundable Pet Deposit: \$ _____

Refundable Pet Deposit: \$ _____

Garage Remote: \$ _____

Other _____: \$ _____

Total Due: \$ _____

This is an acknowledgement from (Owner/Manager) _____ for the rental unit located at: _____ that the Total Security Deposit and First Month Rent have been received from Resident/Tenant listed above on this date (MM/DD/YYYY): _____.

Tenant: _____

Tenant: _____

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Sample Cancelled Check



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Sample Utility Assistance Supporting Documents

Utility Assistance supporting documentation should consist of:

1. A copy of the bill from the utility company.
2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

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Sample Utility Bill

SUSAN SAMPLE

Account Number: 0000-00-0000
Amount Now Due: \$142.21
Billing Date: 05/28/2013
Please Pay By: 06/06/13

Previous Account Balance	\$587.83	
Payments Received	150.00	CR
Previous Balance Due	437.83	
Fees/Adjustments	0.00	
Current Charges		
Electric	\$108.30	
Total This Bill	108.30	
New Account Balance	Actual account balance	\$546.13

Summary of Amount Now Due:

Previous Payment Requested	\$142.21	
Payments Received	150.00	CR
Previous Balance Due	7.79	CR
Fees/Adjustments	0.00	
Monthly Budget Amount	150.00	

Please Pay By June 6
Pay \$142.92 after June 6
Make checks payable to :
KCP&L

Monthly **\$142.21**
Budget Billing
amount due

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HOPWA Program Payment Register

The HOPWA Program Payment Register must be submitted with each monthly reimbursement request. Please ensure that the form is filled out in accordance with the instructions below:

- Complete all requested information on the form.
- If you have more than 25-line items for which reimbursements are being requested, please continue the request on a new form with the same report number followed by "-1,-2,-3, etc." to denote the continuation of the report.
- To assist in separating costs by assistance type, a new form may be created for each type of assistance provided, i.e. STRMU Rent, STRMU Mortgage, TBRA Rent, or FBH Rent. Please be sure to update the Task # in line 2 of each new form, if applicable.
- Utility assistance, utility deposits and/or security deposit payments should not be included on this form. These items should be listed as line items on the HOPWA Reimbursement Request Form. A separate transactional summary spreadsheet and all supporting documentation should be submitted behind the HOPWA Reimbursement Request Form.
- Submit the required supporting documentation for all items referenced within the form.
- If your agency already has a transactional summary worksheet that contains the same information as requested on this form, the agency's worksheet can be submitted as an attachment to this form. If submitted as an attachment, please complete the top portion of the form, enter "See attached" in line #15, sign and date the form. **NOTE:** Please submit a copy of your transactional summary worksheet to your Program Analyst for review and approval, prior to submitting with your reimbursement request.
- If your agency does not provide STRMU, TBRA or Facility Based Housing, please complete the top portion of the form, enter "Not Applicable" on line # 15, sign and date the form.

Rent Roll

	Utilities Paid By Owner:	(Y/N)
Total Rental Income		
Laundry	Gas: _____	
Parking	Electricity: _____	
RUBS	Water: _____ 120	
Other	Trash: _____	
Total Monthly Income		
Total Annual Income		

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

General Ledger Detail Report and Bank Statements for Expenses

All reimbursement requests must include a General Ledger Detail Report and Bank Statement(s) for the month that the reimbursement is requested to support any expenses incurred.

- The General Ledger Detail Report will be used to verify that the costs were charged to the HOPWA grant within the agency's accounting system. All transactions should correspond with and include the agency's assigned revenue and expense codes for the applicable HOPWA Grant.
- Bank Statements will be used to verify that all checks cleared during the month for which reimbursement has been requested. If a check has not cleared by the 15th business day of the following month, the transaction should be included in the next monthly submittal. Expenses should not be submitted for reimbursement until after the check has cleared the bank, regardless of the date the check was written.

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

Sample General Ledger Report

General Ledger Detail By Source Report			American Business Expressions (ABX)	
Source Journal	Posting Date	Source		
GJ-000003	5/31/2009	G/L		
Account Number	Description/Comments	Debit	Credit	
10000-01-000-000-000	Petty Cash:Irvine-Main	75.00		
	Beginning Balances as of May 31, 2009			
10200-01-000-000-000	Reg. Chkg.:Irvine-Main	22,384.65		
	Beginning Balances as of May 31, 2009			
10300-01-000-000-000	P/R. Chkg.:Irvine-Main	536.92		
	Beginning Balances as of May 31, 2009			
10400-01-000-000-000	Savings Account:Irvine-Main	10,000.00		
	Beginning Balances as of May 31, 2009			
11000-01-000-000-000	Accounts Receivable:Irvine-Main	892,395.13		
	Beginning Balances as of May 31, 2009			
11500-01-000-000-000	Allow. for Bad Debt:Irvine-Main		13,385.93	
	Beginning Balances as of May 31, 2009			
12000-01-000-010-000	Inv. Lighting:Irvine-Main-Steelcase	27,536.76		
	Beginning Balances as of May 31, 2009			
12000-02-001-010-000	Inv. Lighting:Atlanta-Peach Ave.-Steelcase	20,652.57		
	Beginning Balances as of May 31, 2009			
12000-03-002-010-000	Inv. Lighting:New York-Broadway-Steelcase	16,828.02		
	Beginning Balances as of May 31, 2009			
12000-04-003-010-000	Inv. Lighting:Houston-Clay St.-Steelcase	11,473.65		
	Beginning Balances as of May 31, 2009			
12050-01-000-010-000	Inv. Ergonomics:Irvine-Main-Steelcase	30,978.86		
	Beginning Balances as of May 31, 2009			
12050-02-001-010-000	Inv. Ergonomics:Atlanta-Peach Ave.-Steelcase	23,234.14		
	Beginning Balances as of May 31, 2009			
12050-03-002-010-000	Inv. Ergonomics:New York-Broadway-Steelcase	18,931.53		
	Beginning Balances as of May 31, 2009			
12050-04-003-010-000	Inv. Ergonomics:Houston-Clay St.-Steelcase	12,907.86		
	Beginning Balances as of May 31, 2009			
12100-01-000-000-000	Inv. Accessories:Irvine-Main	16,063.11		
	Beginning Balances as of May 31, 2009			
12100-02-001-000-000	Inv. Accessories:Atlanta-Peach Ave.	12,047.33		
	Beginning Balances as of May 31, 2009			
12100-03-002-000-000	Inv. Accessories:New York-Broadway	9,816.35		
	Beginning Balances as of May 31, 2009			
12100-04-003-000-000	Inv. Accessories:Houston-Clay St.	6,692.96		
	Beginning Balances as of May 31, 2009			
12400-01-000-000-000	Inv. Repairs:Irvine-Main	6,884.19		
	Beginning Balances as of May 31, 2009			
12400-02-001-000-000	Inv. Repairs:Atlanta-Peach Ave.	5,163.14		
	Beginning Balances as of May 31, 2009			
12400-03-002-000-000	Inv. Repairs:New York-Broadway	4,207.01		
	Beginning Balances as of May 31, 2009			
12400-04-003-000-000	Inv. Repairs:Houston-Clay St.	2,868.41		
	Beginning Balances as of May 31, 2009			
15000-01-000-000-000	Furn. & Fixtures:Irvine-Main	66,240.06		
	Beginning Balances as of May 31, 2009			
15000-02-001-000-000	Furn. & Fixtures:Atlanta-Peach Ave.	10,245.89		
	Beginning Balances as of May 31, 2009			
15000-03-002-000-000	Furn. & Fixtures:New York-Broadway	15,118.79		
	Beginning Balances as of May 31, 2009			
15000-04-003-000-000	Furn. & Fixtures:Houston-Clay St.	12,558.11		
	Beginning Balances as of May 31, 2009			
15100-01-000-000-000	Equipment:Irvine-Main	48,521.98		
	Beginning Balances as of May 31, 2009			
15100-02-001-000-000	Equipment:Atlanta-Peach Ave.	5,894.63		
	Beginning Balances as of May 31, 2009			
Run Date: 5/31/2010 3:57:20PM			Page: 1	
G/L Date: 5/31/2010				

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

Sample Bank Statement



JPMorgan Chase Bank N.A.
Ohio/West Virginia Markets
P O Box 260180
Baton Rouge, LA 70826-0180

July 1, 2008 through July 31, 2008
Primary Account: **00000988081483**

CUSTOMER SERVICE INFORMATION

WebSite: **www.Chase.com**
Service Center: **1-800-935-9935**
Hearing Impaired: **1-800-242-7383**
Para Espanol: **1-877-312-4273**
International Calls: **1-713-262-1679**



00013422 DDA 001 LA 10205 - YYN T 1 00000000 07 0000

Company Name
Company Address
State, Zip



CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.63
Checks Paid	2	- 3,169.04
Other Withdrawals, Fees & Charges	4	- 15,025.68
Ending Balance	16	\$189,296.31

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/02	Deposit	\$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
07/21	Deposit	5,000.00
07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Deposits and Additions		\$125,883.63

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

General Ledger Detail Report, Bank Statements and Program Income Report

All reimbursement requests must include a General Ledger Detail Report, Bank Statement(s) and Program Income Report for the month that the reimbursement is requested to support any program income collected and/or expended.

- The General Ledger Detail Report will be used to verify any rent collected from clients has been properly recorded within the agency's accounting system. All transactions should correspond with and include the agency's assigned revenue codes for the applicable HOPWA Grant.
- Bank Statements will be used to verify that all program income is being properly during the month for which reimbursement has been requested.
- Program Income on-hand and expended should be reported on the Program Income Expenditure Summary Form. All expenses paid utilizing program income must be reported and documented in the same manner as all other HOPWA-related expenditures.

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

Sample General Ledger Report

GENERAL LEDGER

REPORT FOR:

Jul 1st, 2018 - Jul 15th, 2018

Category	Subcategory	Description	Code	Debit	Credit
Asset	Cash	ACH		\$732.90	\$0.00
Asset	Cash	Cash		\$5,524.84	\$0.00
Asset	Cash	Checks		\$3,067.53	\$0.00
Asset	Cash	Credit Card - American Express		\$5,567.04	\$0.00
Asset	Cash	Credit Card - Master Card		\$9,746.30	\$0.00
Asset	Cash	Credit Card - Visa		\$23,458.94	\$0.00
Income	Fee Income	Administrative Fee Revenue		\$0.00	\$11.97
Income	Fee Income	Late Fee Revenue		\$0.00	\$477.15
Income	Insurance Income	Insurance Revenue		\$0.00	\$2,961.84
Income	Rental Income	Rental Revenue		\$0.00	\$44,597.98
Income	Retail Income	Boxes Revenue		\$0.00	\$19.20
Income	Retail Income	General Retail Revenue		\$0.00	\$1.95
Income	Retail Income	Locks Revenue		\$0.00	\$24.00
Liability	Sales Tax Payable	Sales Tax Payable State		\$0.00	\$3.46
14 rows				\$48,097.55	\$48,097.55

CITY OF ATLANTA

HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE

Sample Bank Statement



JPMorgan Chase Bank N.A.
Ohio/West Virginia Markets
P O Box 260180
Baton Rouge, LA 70826-0180

July 1, 2008 through July 31, 2008
Primary Account: 00000988081483

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Hearing Impaired: 1-800-242-7383
Para Espanol: 1-877-312-4273
International Calls: 1-713-262-1679



00013422 DDA 001 LA 10205 - YYN T 1 00000000 07 0000

Company Name
Company Address
State, Zip



CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.63
Checks Paid	2	- 3,169.04
Other Withdrawals, Fees & Charges	4	- 15,025.68
Ending Balance	16	\$189,296.31

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/02	Deposit	\$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
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07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Deposits and Additions		\$125,883.63

Sample Program Income Expenditure Report #2

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